GENERAL AFFIDAVIT

Applicant:	
of(Facility Name)	_ being duly sworn, depose and state that the
	oriate and applicable criteria as set forth in the 19a-639, 19a-486 and/or 4-181 of the Connecticut
Signature	Date
Subscribed and sworn to before me or	n
Notary Public/Commissioner of Super	rior Court
My commission expires:	